

104 U.S. PTO
02/16/01

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. FUJZ 18.342

First Inventor K. YAMAMOTO

Title ATM SWITCH

Express Mail Label No. EL522394144US

APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 19] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 10]		9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration [Total Pages 4]		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> <input checked="" type="checkbox"/> Power of Attorney	
a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <small>(for continuation/divisional with Box 18 completed)</small>		11. <input type="checkbox"/> English Translation Document (if applicable)	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		13. <input type="checkbox"/> Preliminary Amendment	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)		15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
Prior application information: Examiner _____		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other: _____			

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		026304 <small>(Insert Customer No. or Attach bar code label here)</small>		or <input type="checkbox"/> Correspondence address below	
Name					
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City		State		Zip Code	
Country		Telephone		Fax	
Name (Print/Type)		Samson Helfgott		Registration No. (Attorney/Agent) 23,072	
Signature				Date 2/16/01	

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 750.00)

Complete if Known

Application Number	
Filing Date	
First Named Inventor	K. YAMAMOTO
Examiner Name	
Group Art Unit	
Attorney Docket No.	FUJZ 18.342

JC 986 U.S. PTO
09/785579
02/16/01

METHOD OF PAYMENT					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:					
Deposit Account Number	08-1634				
Deposit Account Name	Helfgott & Karas, P.C.				
<input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
2. <input checked="" type="checkbox"/> Payment Enclosed:					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	710		
106 320	206 160	Design filing fee			
107 490	207 245	Plant filing fee			
108 710	208 355	Reissue filing fee			
114 150	214 75	Provisional filing fee			
SUBTOTAL (1) (\$ 710)					
2. EXTRA CLAIM FEES					
Total Claims	5.00	-20** =	<input type="text"/>	X 18.00 =	0
Independent Claims	2.00	-3** =	<input type="text"/>	X 80.00 =	0
Multiple Dependent			<input type="text"/>	=	
Extra Claims Fee from below Fee Paid					
Large Entity Small Entity					
Fee Code (\$)	Fee Code (\$)	Fee Description			
103 18	203 9	Claims in excess of 20			
102 80	202 40	Independent claims in excess of 3			
104 270	204 135	Multiple dependent claim, if not paid			
109 80	209 40	** Reissue independent claims over original patent			
110 18	210 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$ 0)					

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)					
3. ADDITIONAL FEES					
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath			
127 50	227 25	Surcharge - late provisional filing fee or cover sheet			
139 130	139 130	Non-English specification			
147 2,520	147 2,520	For filing a request for ex parte reexamination			
112 920*	112 920*	Requesting publication of SIR prior to Examiner action			
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action			
115 110	215 55	Extension for reply within first month			
116 390	216 195	Extension for reply within second month			
117 890	217 445	Extension for reply within third month			
118 1,390	218 695	Extension for reply within fourth month			
128 1,890	228 945	Extension for reply within fifth month			
119 310	219 155	Notice of Appeal			
120 310	220 155	Filing a brief in support of an appeal			
121 270	221 135	Request for oral hearing			
138 1,510	138 1,510	Petition to institute a public use proceeding			
140 110	240 55	Petition to revive - unavoidable			
141 1,240	241 620	Petition to revive - unintentional			
142 1,240	242 620	Utility issue fee (or reissue)			
143 440	243 220	Design issue fee			
144 600	244 300	Plant issue fee			
122 130	122 130	Petitions to the Commissioner			
123 50	123 50	Processing fee under 37 CFR 1.17(q)			
126 180	126 180	Submission of Information Disclosure Stmt			
581 40	581 40	Recording each patent assignment per property (times number of properties)	40		
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))			
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))			
179 710	279 355	Request for Continued Examination (RCE)			
169 900	169 900	Request for expedited examination of a design application			
Other fee (specify)					
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40)					

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Samson Helfgott	Registration No. (Attorney/Agent)	23,072	Telephone 212-643-5000
Signature		Date	2/16/01	

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